

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90130 045 \*\*\*\*61.25

**DOCUMENT # N96000004607**

1. Entity Name

**OCEAN REACH ASSOCIATION, INC.**

Principal Place of Business

**931 SOUTH FIRST ST  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**170 CLOISTER DRIVE  
PEACHTREE CITY GA 30269**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2058791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YEAROUT, BOBBY  
931 SOUTH FIRST ST  
JACKSONVILLE BEACH FL 32250**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **PARADISE, BRIAN**  
STREET ADDRESS **2831 WOOD VALLEY COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **D** ☐ Change ☒ Addition  
NAME **WNUK, JOE**  
STREET ADDRESS **1506 SUNNY MEADE DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VD** ☐ Delete  
NAME **JACKSON, WILLIAM E**  
STREET ADDRESS **16 GILMORE DRIVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561-4116**

TITLE **D** ☐ Change ☒ Addition  
NAME **WEIGEL, GAIL**  
STREET ADDRESS **1864 INLET COVE CT**  
CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE **TD** ☐ Delete  
NAME **MARTIN, GEORGE A**  
STREET ADDRESS **2894 DUPONT AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32217-2753**

TITLE **D** ☐ Change ☒ Addition  
NAME **DANCIGER, ED**  
STREET ADDRESS **2920 PONTE VEDRA BLVD**  
CITY-ST-ZIP **PONTE VEDRA FL 32083**

TITLE **SD** ☐ Delete  
NAME **HANSON, DIANE**  
STREET ADDRESS **931 SOUTH FIRST ST**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBINSON, DAVID**  
STREET ADDRESS **313 LANSDOWNE ST**  
CITY-ST-ZIP **BLACKSBURG, VA 24060**

TITLE **D** ☐ Delete  
NAME **BONNER, BARBARA**  
STREET ADDRESS **463 SELVA LAKES CIR**  
CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE **D** ☐ Change ☒ Addition  
NAME **SHUMATE, HOWARD**  
STREET ADDRESS **2309 COSTA VERDE BLVD #102**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **D** ☐ Delete  
NAME **MARGARET STARLING**  
STREET ADDRESS **470 W 63RD ST**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **YEAROUT, BOBBY**  
STREET ADDRESS **931 S. FIRST ST #**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED: A. MARTIN - TREASURER 4/16/01 202-262-2249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)